44686

FORM D Mail Processing Section

UNITED STATES SECURITIES AND EXCHANGE COMMISSION Washington, D.C. 20549

FORM D

NOTICE OF SALE OF SECURITIES PURSUANT TO REGULATION D, SECTION 4(6), AND/OR

OMB APPROVAL				
OMB Number:	3235-0076			
Expires: August	31,2008			
Estimated average	burden			
hours per response	16.00			

SEC USE ONLY						
Prefix Serial						
DATE RECEIVED						
ı	1					

expenington, DC	PURSUANT TO REGULATION D	,		
Washington, DC UNIFO	SECTION 4(6), AND/OR ORM LIMITED OFFERING EXEM	PTION	DATE RECEIVED	
Name of Offering (check if this is an amend	Iment and name has changed, and indicate change.)			•
	enture issued by Waccamaw Bankshares, Inc.			
	Rule 504 🔲 Rule 505 📝 Rule 506 🔲 Section 4(6)	☐ ULOE		
Type of Filing:	ent			
40.144	A. BASIC IDENTIFICATION DATA			ii .
1. Enter the information requested about the iss	иег			11
Name of Issuer (check if this is an amendme	nt and name has changed, and indicate change.)		08057162	
Waccamaw Bankshares, Inc.				
Address of Executive Offices	(Number and Street, City, State, Zip Code)	Telephone N	Sumber (Including Area Code)	
110 N. Powell Boulevard, Whiteville, NC 28	472	(910) 641-00	44	
Address of Principal Business Operations (if different from Executive Offices)	(Number and Street, City, State, Zip Code)	Telephone	Number (Including Area Code)	
Brief Description of Business		1		•
Bank holding company				
Type of Business Organization			PDOCECO	·FD
	ted partnership, already formed	please specify):	PROCESS	ED
	Month Year		AUG 0 6 200)8
Actual or Estimated Date of Incorporation or Organ	inization: [0] 3		7110110011	
	CN for Canada; FN for other foreign jurisdiction)	NC	THOMSON REI	UTERS
GENERAL INSTRUCTIONS				(
Federal: Who Must File: All issuers making an offering of second (6).	ecurities in reliance on an exemption under Regulation D	or Section 4(6), 1	17 CFR 230.501 et seq. or 15 U.S.C.	

When To File: A notice must be filed no later than 15 days after the first sale of securities in the offering. A notice is deemed filed with the U.S. Securities and Exchange Commission (SEC) on the earlier of the date it is received by the SEC at the address given below or, if received at that address after the date on which it is due, on the date it was mailed by United States registered or certified mail to that address.

Where To File: U.S. Securities and Exchange Commission, 450 Fifth Street, N.W., Washington, D.C. 20549.

Copies Required: Five (5) copies of this notice must be filed with the SEC, one of which must be manually signed. Any copies not manually signed must be photocopies of the manually signed copy or bear typed or printed signatures.

Information Required: A new filing must contain all information requested. Amendments need only report the name of the issuer and offering, any changes thereto, the information requested in Part C, and any material changes from the information previously supplied in Parts A and B. Part E and the Appendix need not be filed with the SEC.

Filing Fee: There is no federal filing fee.

State:

This notice shall be used to indicate reliance on the Uniform Limited Offering Exemption (ULOE) for sales of securities in those states that have adopted ULOE and that have adopted this form. Issuers relying on ULOE must file a separate notice with the Securities Administrator in each state where sales are to be, or have been made. If a state requires the payment of a fee as a precondition to the claim for the exemption, a fee in the proper amount shall accompany this form. This notice shall be filed in the appropriate states in accordance with state law. The Appendix to the notice constitutes a part of this notice and must be completed.

- ATTENTION -

Failure to file notice in the appropriate states will not result in a loss of the federal exemption. Conversely, failure to file the appropriate federal notice will not result in a loss of an available state exemption unless such exemption is predictated on the tiling of a federal notice.

	And the second	A. BASIC ID	ENTIFICA	TION DATA	C. College	773 · · · · · · · · · · · · · · · · · ·	
2. Enter the information re	quested for the fol	lowing:	<u> </u>			F6- M. H. 12-	<u> </u>
• Each promoter of t	he issuer, if the iss	suer has been organized	within the pa	st five years;			
Each beneficial own	• Each beneficial owner having the power to vote or dispose, or direct the vote or disposition of, 10% or more of a class of equity securities of the issuer.						
Each executive off	icer and director o	f corporate issuers and o	f corporate g	eneral and mar	naging partne	rs of partn	ership issuers; and
_		f partnership issuers.			#	•	
Check Box(es) that Apply:	Promoter	Beneficial Owner	Z Exe	cutive Officer	/ Direct	tor 🔲	General and/or Managing Partner
Full Name (Last name first, i Graham, James G.	f individual)						
Business or Residence Addre 110 N. Powell Boulevard	•	Street, City, State, Zip C 28472	Code)		•		
Check Box(es) that Apply:	Promoter	Beneficial Owner	Z Exe	cutive Officer	Direc	tor 🗌	General and/or Managing Partner
Full Name (Last name first, i Gore, Freda H.	f individual)						,
Business or Residence Addre		· · · · · · · · · · · · · · · · · · ·	Code)				
Check Box(es) that Apply:	Promoter	Beneficial Owner	Z Exe	cutive Officer	Direc	tor	General and/or Managing Partner
Full Name (Last name first, i Godwin, David A.	f individual)						· · · · · · · · · · · · · · · · · · ·
Business or Residence Addre	ss (Number and	Street, City, State, Zip C	Code)				
110 N. Powell Boulevard,	Whiteville, NC 2	28472					
Check Box(es) that Apply:	Promoter	Beneficial Owner	Z Exe	cutive Officer	☐ Direc	tor	General and/or Managing Partner
Full Name (Last name first, i Norris, Richard C.	f individual)		, , <u>-</u> -				•
Business or Residence Addre	ss (Number and	Street, City, State, Zip C	ode)				
110 N. Powell Boulevard	, Whiteville, NC	28472					
Check Box(es) that Apply:	Promoter	Beneficial Owner	Z Exe	cutive Officer	Direc	tor	General and/or Managing Partner
Full Name (Last name first, i Hutchens, Kim T.	f individual)		·				
Business or Residence Addre			Co de)				·
110 N. Powell Boulevard,	, Whiteville, NC	28472					
Check Box(es) that Apply:	Promoter	Beneficial Owner	Exe	cutive Officer	Direc	tor 🗌	General and/or Managing Partner
Full Name (Last name first, i Hardy Jr., J. Daniel	f individual)						
Business or Residence Addre 110 N. Powell Boulevard		-	Code)				
Check Box(es) that Apply:	Promoter	Beneficial Owner	Exe	cutive Officer	✓ Direc	tor 🗌	General and/or Managing Partner
Full Name (Last name first, i Bender II, Neil Carmicha					•••		
Business or Residence Addre 110 N. Powell Boulevard,		Street, City, State, Zip C 28472	ode)				

		A. BASIC IDE	NTIFICATION DATA			
Enter the information requested for the following:						
 Each promoter of the 	issuer, if the issu	uer has been organized wi	thin the past five years;			
 Each beneficial owne 	r having the powe	er to vote or dispose, or dire	ect the vote or disposition (of, 10% or more of a	class of equity securities of the issuer.	
 Each executive office 	er and director of	corporate issuers and of o	corporate general and man	aging partners of pa	artnership issuers; and	
 Each general and man 	naging partner of	partnership issuers.				
Check Box(es) that Apply:	Promoter	Beneficial Owner	Executive Officer	Director	General and/or Managing Partner	
Full Name (Last name first, if i Biggs, Murchison B.	ndividual)	· · · · · · · · · · · · · · · · · · ·				
Business or Residence Address 110 N. Powell Boulevard, V	*	Street, City, State, Zip Co 28472	de)			
Check Box(es) that Apply:	Promoter	Beneficial Owner	Executive Officer	☑ Director	General and/or Managing Partner	
Full Name (Last name first, if i Campbell, Brian D.	ndividual)					
Business or Residence Address I10 N. Powell Boulevard, W			de)			
Check Box(es) that Apply:	Promoter	Beneficial Owner	Executive Officer	Director	General and/or Managing Partner	
Full Name (Last name first, if i Davis, Maudie M.	ndividual)					
Business or Residence Address 110 N. Powell Boulevard, V	•		de)			
Check Box(es) that Apply:	Promoter	Beneficial Owner	Executive Officer	✓ Director	General and/or Managing Partner	
Full Name (Last name first, if i Enzor III, Crawford Monroe	ndividual)					
Business or Residence Address 110 N. Powell Boulevard, \		Street, City, State, Zip Co 28472	de)			
Check Box(es) that Apply:	Promoter	Beneficial Owner	Executive Officer	☑ Director	General and/or Managing Partner	
Full Name (Last name first, if it Hill Jr., James E.	ndividual)			- · · · · · · · · · · · · · · · · · · ·		
Business or Residence Address 110 N. Powell Boulevard, V	-		de)			
Check Box(es) that Apply:	Promoter	Beneficial Owner	Executive Officer	Director	General and/or Managing Partner	
Full Name (Last name first, if i Thompson, Alan W.	ndividual)					
Business or Residence Address 110 N. Powell Boulevard, \	•	•	de)			
Check Box(es) that Apply:	Promoter	Beneficial Owner	Executive Officer	Director	General and/or Managing Partner	
Full Name (Last name first, if i Ward, R. Dale	ndividual)					
Business or Residence Address 110 N. Powell Boulevard, V		· · · · · ·	dc)			

A. BASIC IDENTIFICATION DATA Enter the information requested for the following: Each promoter of the issuer, if the issuer has been organized within the past five years; Each beneficial owner having the power to vote or dispose, or direct the vote or disposition of, 10% or more of a class of equity securities of the issuer. Each executive officer and director of corporate issuers and of corporate general and managing partners of partnership issuers: and Each general and managing partner of partnership issuers. Check Box(es) that Apply: Promoter Beneficial Owner Executive Officer Director General and/or Managing Partner Full Name (Last name first, if individual) Worthington, J. Densil Business or Residence Address (Number and Street, City, State, Zip Code) 110 N. Powell Boulevard, Whiteville, NC 28472 Check Box(es) that Apply: Promoter Beneficial Owner Executive Officer General and/or Director **Managing Partner** Full Name (Last name first, if individual) Business or Residence Address (Number and Street, City, State, Zip Code) Check Box(es) that Apply: Promoter ☐ Beneficial Owner Executive Officer General and/or Director Managing Partner Full Name (Last name first, if individual) Business or Residence Address (Number and Street, City, State, Zip Code) Check Box(es) that Apply: Promoter General and/or Director Managing Partner Full Name (Last name first, if individual) Business or Residence Address (Number and Street, City, State, Zip Code) Check Box(es) that Apply: Promoter Beneficial Owner Executive Officer Director General and/or Managing Partner Full Name (Last name first, if individual) Business or Residence Address (Number and Street, City, State, Zip Code) Check Box(es) that Apply: ☐ Beneficial Owner Executive Officer Director General and/or Managing Partner Full Name (Last name first, if individual) Business or Residence Address (Number and Street, City, State, Zip Code) Check Box(es) that Apply: Director Promoter Beneficial Owner Executive Officer General and/or Managing Partner Full Name (Last name first, if individual) Business or Residence Address (Number and Street, City, State, Zip Code) (Use blank sheet, or copy and use additional copies of this sheet, as necessary)

	B. INFORMATION ABOUT OFFERING												
1.	Has the issuer sold, or does the issuer intend to sell, to non-accredited investors in this offering?									Yes ▼	No 		
1.	nas uic	issuer sord	i, or udes t								•••••	<u> X</u>	L
2.	Answer also in Appendix, Column 2, if filing under ULOE. 2. What is the minimum investment that will be accepted from any individual?									s 4,1	24,000.00		
												Yes	No
3.						le unit?							X
4.	4. Enter the information requested for each person who has been or will be paid or given, directly or indirectly, any commission or similar remuneration for solicitation of purchasers in connection with sales of securities in the offering. If a person to be listed is an associated person or agent of a broker or dealer registered with the SEC and/or with a state or states, list the name of the broker or dealer. If more than five (5) persons to be listed are associated persons of such a broker or dealer, you may set forth the information for that broker or dealer only.												
Ful n/a		Last name	first, if ind	ividual)									
Bus	siness or	Residence	Address (N	lumber and	l Street, Ci	ity, State, Z	ip Code)						
<u></u>		sociated Br	. l D .	-1									
Nai	me of As	sociated Br	oker or De	aier									
Sta						to Solicit l							
	(Check	"All States	" or check	individual	States)	••••••			•••••••			AI	l States
	AL	AK	AZ	AR	CA	CO	CT	DE	DC	FL	GA	HI	ID
	IL	[N]	[IA]	KS	KY	LA	ME	MD	MA	MI	MN OK	MS OR	MO PA
	MT RI	NE SC	NV SD	NH TN	NJ TX	NM UT	NY VT	NC VA	ND] [WA]	OH WV	WI	WY	PR
			<u> </u>										
Ful	I Name (Last name	first, it ind	ividual)									
Bus	siness or	Residence	Address (Number an	d Street, C	City, State, 2	Zip Code)						
Nai	me of As	sociated Br	oker or De	aler									
Sta						to Solicit l							. a
	(Check	"All States		individual	States)							∐ Ai	l States
	AL	AK	AZ	AR	CA	CO	CT	DE	DC	FL	GA	HI	ID S
	IL MT	[IN] [NE]	IA NV	KS NH	KY NJ	LA NM	ME NY	MD NC	MA ND	MI OH	MN OK	MS OR	MO PA
	RI	SC	SD	TN	TX	UT	VT	VA	WA	wv	WI	WY	PR
Ful	Il Name (Last name	first, if ind	ividual)									
_													
Bu	siness or	Residence	Address ()	Number an	d Street, C	City, State, 2	Zip Code)						
Na	me of As	sociated Br	oker or De	aler									
Sta	tes in Wi	ich Person	Listed Ha	s Solicited	or Intends	to Solicit	Purchasers	-			•		
States in Which Person Listed Has Solicited or Intends to Solicit Purchasers (Check "All States" or check individual States)								l States					
	AL IL	AK IN	[AZ]	[KS]	CA KY	CO LA	CT ME	DE MD	DC MA	FL MI	GA MN	MS	MO
	MT	NE	NV	NH	NJ	NM	NY	NC]	ND	OH	OK	OR	PA
	RI	SC	SD	TN	TX	ÜT	VT	VA	WA	WV	WI	WY	PR

C. OFFERING PRICE, NUMBER OF INVESTORS, EXPENSES AND USE OF PROCEEDS

1.	Enter the aggregate offering price of securities included in this offering and the total amount already sold. Enter "0" if the answer is "none" or "zero." If the transaction is an exchange offering, check		
	this box and indicate in the columns below the amounts of the securities offered for exchange and		
	already exchanged.	Aggregate	Amount Already
	Type of Security	Offering Price	Sold
	Debt	4,124,000.00	\$_4,124,000.00
	Equity		
	Common Preferred		
	Convertible Securities (including warrants)	<u> </u>	s
	Partnership Interests		
	Other (Specify)		
	Total	4,124,000.00	§ 4,124,000.00
	Answer also in Appendix, Column 3, if filing under ULOE.		
2.	Enter the number of accredited and non-accredited investors who have purchased securities in this offering and the aggregate dollar amounts of their purchases. For offerings under Rule 504, indicate the number of persons who have purchased securities and the aggregate dollar amount of their purchases on the total lines. Enter "0" if answer is "none" or "zero."		At-
		Number Investors	Aggregate Dollar Amount of Purchases
	Accredited Investors		\$
	Non-accredited Investors	1	<u>\$</u> 4,124,000.00
	Total (for filings under Rule 504 only)		\$
	Answer also in Appendix, Column 4, if filing under ULOE.		
3.	If this filing is for an offering under Rule 504 or 505, enter the information requested for all securities sold by the issuer, to date, in offerings of the types indicated, in the twelve (12) months prior to the first sale of securities in this offering. Classify securities by type listed in Part C — Question 1.		
	T	Type of	Dollar Amount
	Type of Offering	Security	Sold
	Rule 505		\$
	Regulation A		<u>s</u>
	Rule 504		\$
	Total		\$_0.00
4	a. Furnish a statement of all expenses in connection with the issuance and distribution of the securities in this offering. Exclude amounts relating solely to organization expenses of the insurer. The information may be given as subject to future contingencies. If the amount of an expenditure is not known, furnish an estimate and check the box to the left of the estimate.		
	Transfer Agent's Fees		s
	Printing and Engraving Costs		\$_0.00
	Legal Fees		\$ 45,000.00
	Accounting Fees		\$ 20,000.00
	Engineering Fees		\$ 0.00
	Sales Commissions (specify finders' fees separately)		\$ 0.00
	Other Expenses (identify) Trustee fees		\$ 6,000.00
	Total	-	\$ 71,000.00

Ŀ	C. OFFERING PRICE, NU	MBER OF INVESTORS, EXPENSES AND USE O	OF PROCEEDS	国际管理等 。
	and total expenses furnished in response to Part C-	fering price given in response to Part C — Questio — Question 4.a. This difference is the "adjusted go	ross	s4,053,000.00
5.		any purpose is not known, furnish an estimate a of the payments listed must equal the adjusted gr	and	
			Payments to Officers, Directors, & Affiliates	Payments to Others
			_	
	Purchase of real estate		🗆 \$	_ 🗆 \$
	Purchase, rental or leasing and installation of m	nachînery	□\$	Пζ
		acilities	_	
	Acquisition of other businesses (including the voffering that may be used in exchange for the as	value of securities involved in this		
	Repayment of indebtedness	***************************************	¬ \$	
	Working capital		\$	0.00
			_ 	_ []\$
	Column Totals		[\$	[s4,053,000.00
				1,053,000.00
24°,		D. FEDERAL SIGNATURE		96 (2)
TL.				1
sig	issuer has duly caused this notice to be signed by t ature constitutes an undertaking by the issuer to t information furnished by the issuer to any non-a	furnish to the U.S. Securities and Exchange Com	mission, upon writte	
İssi	er (Print or Type)	Signature	Date	
W	ccamaw Bankshares, Inc.	JANA U WATAN	Grely 28	,2008
Na	ne of Signer (Print or Type)	Title of Signer (Print or Type)	7	
Jan	es G. Graham	President and Chief Executive Officer		

END

- ATTENTION -

Intentional misstatements or omissions of fact constitute federal criminal violations. (See 18 U.S.C. 1001.)